<b>(</b> *	000 T				•	<b>! -</b>	· D-4			
Form	990-T		Exempt Orga	ו וּ	OMB No 1545-0687					
		_	(a	ľ	2010					
		Forca	lendar year 2018 or other tax year	-	<b>ZU 10</b>					
	rtment of the Treasury al Revenue Service	▶	► Go to www Do not enter SSN numbe	Ç	Open to Public Inspection for 01(c)(3) Organizations Only					
Α	Check box if		Name of organization (	D Employ	yer identification number byees' trust, see					
	address changed			instructions)						
	xempt under section 501(cn 3 )	Print or	FLORIDAMAKE					27-3518899 E Unrelated business activity code		
	」501( <b>c√)</b> 3 ) ]408(e) [220(e)	Туре	Number, street, and room 800 NORTH M.						structions)	
	408A 530(a)		City or town, state or pro		-			1		
Ī	529(a)		ORLANDO, FL		lorong	n poolar cous				
C Bo	Book value of all assets at end of year F Group exemption number (See instructions.)									
			G Check organization typ					) trust	Other trust	
	_	•	ition's unrelated trades or b	ousinesses -			the only (or first) ur			
	de or business here		ce at the end of the previou	us santanas, samalata Da	rto I on		, complete Parts I-V.		•	
	siness, then complete			is sentence, complete ra	i io i aii	u II, complete a Schedult	IN TO EACH AUGILION	ai ii aue i	Ji	
			oration a subsidiary in an a	affiliated group or a paren	nt-subsi	diary controlled group?	▶ [	Yes	X No	
		•	tifying number of the paren	• '. '		, ,				
			ROVENA PANDO			Teleph	one number 🕨 4	07-4	50-7206	
Pa	rt i Unrelated	Trac	de or Business Inc	ome	,	(A) Income	(B) Expense:	s	(C) Net	
	Gross receipts or sale						2 2 2		ه ۰	
	Less returns and allov			c Balance	1c		, "		<u>,</u>	
2	Cost of goods sold (S				2				J	
3	Gross profit. Subtract Capital gain net incom				3 4a					
		•	art II, line 17) (attach Form	4797)	48 4b		• /			
c	Capital loss deduction	-	• • •	14/3/)	4c		1000			
5	•		ship or an S corporation (at	tach statement)	5	/	NV VO			
6	Rent income (Schedul		. ,	•	6		19 19			
7	Unrelated debt-finance	ed incon	ne (Schedule E)		7	10/1	SHIR	7~ /		
8	Interest, annuities, roy	alties, ai	nd rents from a controlled o	organization (Schedule F)	8		97/1			
9			on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9	13/10				
10	Exploited exempt activ	-	•		10	188	600	$\longrightarrow$		
11	Advertising income (S		•		11	<del></del>	77.	٠,		
12 13	outer meeting (cost management), attach sortedate)							$\rightarrow$		
			t Taken Elsewher	(See instructions fo		-0.				
_			itions, deductions must				income)			
14	Compensation of offi	cers, dır	ectors, and trustees (Sche	dule K)				14		
15	Salaries and wages							15		
16	Repairs and maintena	ance						16		
17	Bad debts					_ , \ (1)		17		
18	Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)							18		
19 20	Taxes and licenses Charitable contribution	ins (San	instructions for limitation	rules)	11	L 1 1 1		19		
21	Depreciation (attach I	,		1 4103)	11	21				
22			Schedule A and elsewhere	on return		22a		22b		
23	Depletion					( 1		23		
24								24		
25										
26	Excess exempt expen							26		
27	Excess readership co							27	<u> </u>	
28	Other deductions (att		· ·					28		
29 30	Total deductions. Ad		=	loce daduation Cuber-4	line on	from line 12		30	0.	
3U 31										
32			come. Subtract line 31 from		, i, ZU	io (auc mairuciuna)		31	0.	
			work Reduction Act Notice				.=		Form <b>990-T</b> (2018)	

1

Form 990-1	(2018) FLORIDAMAKES, INC	27-3518899	Page 2
Partil			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	4,105.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	•
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	4,105.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	-	
	enter the smaller of zero or line 36	38	3,105.
Part I	// Tax Computation		•
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	652.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	<b>4</b> 1	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	•
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	652.
!Part.V	■ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	652.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	652.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		
	Backup withholding (see instructions) 50e	: <b> </b>	
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <b>50g</b>		
	Total payments. Add lines 50a through 50g	51	26
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	26. 678.
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0/0.
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax  Refur	54	
Partiv			<del></del>
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	0113)	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Tes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	nn trust?	- <del>                                    </del>
	if "Yes," see instructions for other forms the organization may have to file.	, u 00t	
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowledge and belief, it i	s true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	Marrie 100 d	- 41
Here	11-14-19 OFFICER	May the IRS discus the preparer shown	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Ch	neck if PTIN	
Paid	LAUREN BALLARD, se	lf- employed	
Prepar	er LAUREN BALLARD, CPA CPA 11/14/19		51787
Use O	Tirm's name ► CLIFTONLARSONALLEN LLP	ırm's EIN ▶ 41-0	746479
	402 SOUTH KENTUCKY AVENUE, SUITE 600		
	Firm's address ► LAKELAND, FL 33801-5354	Phone no. 863-680	
823711 01-0	9.19	Fore	990-T (2018)

Schedule A - Cost of Goods	<b>Sold.</b> Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year			6			
2 Purchases 2				Cost of goods sold. S	f goods sold. Subtract line 6				
3 Cost of labor 3				from line 5 Enter here	and in I	Part I,	<u> </u>		
4a Additional section 263A costs				line 2		Į	7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (	with respect to		Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		1	property produced or a	acquired	for resale) apply to		<u> </u>	
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
1 Description of property									
(1)			-						
(2)									
(3)									
(4)									
	2 Rent receive	ed or accrued							
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of than	or rent for p	ersonai	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) an		ted with the income i ittach schedule)	1
(1)									
(2)									
(3)									
(4)								•	
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Debt	t-Financed	Income (see	ınstru	ctions)					
			2	Gross income from or allocable to debt-	L.,	3. Deductions directly conn to debt-finance	ected w	erty	
Description of debt-fine	inced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)			t				1		
(2)			1						
(3)			Ì						
(4)	•								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to need property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Aliocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)	,	inter here and on pag Part I, line 7, column	
Totals				•		0.	.		0.
Total dividends-received deductions inc	luded in column	8				<b>•</b>	1		0.

Form 990-T (2018)

823731 01-09-19

0

0.

Totals (carry to Part II, line (5))

0.

Form 990-T (2018)

Form 990-T (2018) FLORIDAMAKES, INC

Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis)	

1 Name of periodical		2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	<b>•</b>	0.	0.	*	27	, P_ , 3°	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	, ,	* * * * * * * * * * * * * * * * * * *		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	• 4	٥	· •	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

Page 5